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Depersonalization: A selective impairment of self-awareness[☆]

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ABSTRACT

Depersonalization is characterised by a profound disruption of self-awareness mainly characterised by feelings of disembodiment and subjective emotional numbing.

It has been proposed that depersonalization is caused by a fronto-limbic (particularly anterior insula) suppressive mechanism – presumably mediated via attention – which manifests subjectively as emotional numbing, and disables the process by which perception and cognition normally become emotionally coloured, giving rise to a subjective feeling of ‘unreality’.

Our functional neuroimaging and psychophysiological studies support the above model and indicate that, compared with normal and clinical controls, DPD patients show increased prefrontal activation as well as reduced activation in insula/limbic-related areas to aversive, arousing emotional stimuli.

Although a putative inhibitory mechanism on emotional processing might account for the emotional numbing and characteristic perceptual detachment, it is likely, as suggested by some studies, that parietal mechanisms underpin feelings of disembodiment and lack of agency feelings.

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1. Introduction

Depersonalization is a fascinating and intriguing phenomenon, which challenges commonly held assumptions regarding the nature of self. The condition manifests as a pervasive disruption of self-awareness at its most basic, preverbal level (i.e. what it feels like to be an entity, to exist), unlike dissociative conditions such as psychogenic amnesia, or dissociative identity disorder, which typically impair identity at levels involving autobiographical memory, self-narratives, and personality. ‘The person affected with depersonalization complains spontaneously that his or her mental activity, body, and surroundings are changed in their quality, so as to be unreal, remote, or automatized. Among the varied phenomena of the syndrome, patients complain most frequently of loss of emotions and feelings of estrangement or detachment from their thinking, their body, or the real world. In spite of the dramatic nature of the experience, the patient is aware of the unreality of the change. The sensorium is normal and the capacity for emotional expression intact’ (World Health Organization, 1992).

Although ‘feelings of unreality’ is still commonly used as a short-hand to describe the phenomenon in clinical practice, most patients stress the ineffable nature of the experience and make use of metaphors which usually take two forms. A first kind makes reference to a sense of being cut-off, alienated from oneself and surroundings. For example, patients would often talk about ‘being in a bubble’, or being ‘separated from the world by an invisible barrier such as a pane of glass, a fog, or a veil’ (Sierra, 2009). A second group of metaphors emphasise instead a qualitative change in the state of consciousness, and the feeling as if in ‘a dream’... ‘stoned’, ‘not awake’ or an indescribable ‘muzzy feeling’, etc. This ineffable aspect of

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depersonalization sets it apart from other 'neurotic' conditions such as 'hypochondriasis', or 'conversion disorders', where vivid, detailed and often dramatic descriptions are commonplace.

"What has really been changed or diminished with the onset of depersonalization cannot be expressed in speech. Even educated people (as in some cases in the literature) have given no clearer description, they only used metaphors. Now here is, I think, the point to which the interest of the psychopathologist should be directed. Where normal speech proves unable to deal with an event in consciousness, one may assume that something important is there. Perhaps an underlying brain anomaly makes itself perceptible in this way. Psychopathologists have not bothered very much about this remarkable fact" (Mayer-Gross, 1935, p. 106).

Another commonly observed feature in patients' accounts of their experience is the frequent use of the expression 'as if' to qualify their descriptions (e.g. 'I have the feeling as if I am not really here, and as if these were not my hands' etc.). Such expressions have been traditionally interpreted as evidence of the non-delusional (i.e. nonpsychotic) nature of depersonalization. However, the use of 'as if' expressions is more likely to be intended as a critique regarding the adequacy of the description used, rather than a critique of the reality of the experience itself. Thus, while it is true that patients remain painfully aware of the anomalous nature of their experience, they remain convinced that a fundamental, albeit ineffable change has taken place in them.

Another conceptual problem with the use of 'unreality feelings' as a general descriptor of depersonalization is that the term introduces a negative definition which has poor explanatory value as it alludes to something missing from normal experience without clarifying its nature (Radovic & Radovic, 2002; Sierra & Berrios, 2001). Historically, there has been disagreement as to the nature of this putative 'missing experience', and different writers proposed that depersonalization stemmed from either perceptual, emotional, memory or body image related impairments. Underlying all these hypotheses is the notion that the phenomenological complexity of depersonalization could be reduced to the impairment of a single mental function.

An alternative view, that depersonalization could be best conceptualised as a syndrome rather than a symptom, became well established in the first half of the 20th century (Shorvon, 1946; Sierra & Berrios, 1997). The following description by Schilder (1928), illustrates this:

"To the depersonalized individual the world appears strange, peculiar, foreign, dream like. Objects appear at times strangely diminished in size, at times flat. Sounds appear to come from a distance. The tactile characteristics of objects likewise seem strangely altered, but the patients complain not only of the changes in their perceptivity but their imagery appears to be altered. Patients characterise their imagery as pale, colourless and some complain that they have altogether lost the power of imagination. The emotions likewise undergo marked alteration. Patients complain that that they are capable of experiencing neither pain or pleasure; love and hate have perished with them. They experience a fundamental change in their personality, and the climax is reached with their complaints that they have become strangers to themselves. It is as though they were dead, lifeless, mere automatons. The objective examination of such patients reveals not only an intact sensory apparatus, but also an intact emotional apparatus. All these patients exhibit natural affective reactions in their facial expressions, attitudes, etc.; so that it is impossible to assume that they are incapable of emotional response".

In the above description Schilder describes four main and distinct experiential components; namely: (1) an experience of feeling cut-of or alienated from surroundings (i.e. derealization); (2) difficulties remembering or imagining things; (3) inability to feel emotions; and (4) a feeling of disembodiment, described as a feeling of being dead, or automaton-like. Interestingly, such four symptom-domains would seem to broadly correspond with those very mental functions historically deemed relevant to the genesis of depersonalization (Sierra & Berrios, 1997).

Further evidence supporting the view that depersonalization is characterised by several distinct symptoms was marshalled by a study, which compared 200 historical cases of chronic depersonalization published in the neuropsychiatric literature since the late 19th century, with 45 current patients with depersonalization disorder (DPD). The study revealed the presence of five symptoms which showed little variation between the historical and modern clinical samples (Sierra & Berrios, 2001): (1) complaints of changes in body experience; (2) automaton-like feelings (i.e. loss of feelings of agency); (3) emotional numbing; (4) changes in the subjective experience of imagery and autobiographical recollections; and (5) complaints of changes in visual perception of surroundings.

In spite of its apparent symptom diversity, it might still be the case that depersonalization could result from a single, pervasive experience of detachment equally affecting all aspects of experience. When described separately with regard to emotions, body experiencing, etc., this pervading detachment experience might give rise to the illusion of multiple symptoms. However, the fact that not all symptoms are always present; that some seem more stable than others, or show differential intensity (Sierra & Berrios, 2001), suggests that at least some of these symptoms belong to different experiential domains, with potentially distinct underlying mechanisms (Sierra & Berrios, 1998; Sierra, Lopera, Lambert, Phillips, & David, 2002). Furthermore, two recent exploratory factor analysis studies using the Cambridge Depersonalization Scale (CDS), support the view that, rather than being a one-dimensional construct, 'depersonalization' represents the expression of several distinct underlying dimensions (Sierra & Berrios, 1999; Sierra, Baker, Medford, & David, 2005; Simeon et al., 2008).

The first study was carried out on 145 DPD patients, most of whom had long-standing, constant depersonalization feelings (Sierra et al., 2005). Four well differentiated factors were found and were labelled as follows: (1) Anomalous body experience. (2) Emotional numbing. (3) Anomalous subjective recall. (4) Alienation from surroundings (i.e. derealization).

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